

Application For Branch Office Certificate

Form 31A-13 (Rev. 01/05)

Producer Licensing Bureau

P.O. Box 1139

SACRAMENTO, CA 95812-1139

Information (800) 967-9331 Or (916) 322-3555

www.insurance.ca.gov

1.	<p>CHECK ONE:</p> <p>NEW BRANCH OFFICE CERTIFICATE: Fee Required: Insurance Adjuster \$39 Public Adjuster \$30</p> <p>CHANGE OF BRANCH OFFICE ADDRESS (no fee required) List the <u>previous</u> address of the branch office:</p> <p>_____</p> <p>Number/Street _____ City _____ State _____ Zip Code _____</p> <p>CHANGE OF BRANCH OFFICE MANAGER (no fee required) List the <u>previous</u> Branch Office Manager; list new manager on item #7:</p> <p>Previous Manager: _____</p> <p>_____</p> <p>Last First Middle</p>
2.	<p>LICENSE TYPE HELD: Check One</p> <p>Insurance Adjuster Public Insurance Adjuster</p>
3.	<p>LICENSE NUMBER: _ _ _ _ _</p>
4.	<p>LICENSEE NAME: _____</p>
5.	<p>LICENSEE'S <u>PRINCIPAL</u> BUSINESS ADDRESS (P.O. Box is not acceptable)</p> <p>Number/Street _____ Apt. #/Suite _____</p> <p>City _____ State _____ Zip _____</p>
6.	<p>NEW BRANCH OFFICE ADDRESS -- <u>Must be a bona fide place of business</u>, a P.O. Box is not acceptable</p> <p>Number/Street _____ Apt. #/Suite _____</p> <p>City _____ State _____ Zip _____</p>
7.	<p>NAME OF PERSON IN CHARGE OF BRANCH OFFICE:</p> <p>A: _____</p> <p>LAST FIRST MIDDLE</p> <p>B: Social Security Number _ _ _ / _ _ / _ _ _ _</p> <p>C: RESIDENCE ADDRESS:</p> <p>Number/Street _____ Apt. #/Suite _____</p> <p>City _____ State _____ Zip _____</p>
8.	<p>AUTHORIZED SIGNATURE OF <u>LICENSEE</u>:</p> <p>_____ TITLE _____</p> <p>(if licensee is an organization, an officer or partner must sign)</p> <p>Date _____ Phone () _____ FAX () _____</p>